ADDENDUM #1

Issue Date: __03/08/03__

QUOTE   1496 OC
FOR

SNOW PLOW INSTALLATION

Addendum #1 to Quotation Request 1496 OC, Snow Plow complete with Installation, quotes to be opened on Friday, March 19, 2004.

Please replace the quotation request page you received previously with the attached page.   Note that item two was changed from 3 each to 2 each.

All other terms, conditions and requirements of the quote request remain the same as originally indicated in the document.

Dated this 8th day of March, 2004.

Vince Mejer, CPPO, C.P.M.
Purchasing Agent

Attachment

CITY OF LINCOLN
COUNTY OF LANCASTER
Vince M. Mejer, CPPO, C.P.M.
Purchasing Agent
(402) 441-7410   Fax: (402) 441-6513

QUOTATION REQUEST

Quote Prices F.O.B. Destination
Lincoln, Nebraska

Date -	3/08/04
Order No.-	1496 OC
Date Due -	03/19/04

QUOTATIONS MUST BE RECEIVED IN THE PURCHASING DIVISION OFFICE BY THE DUE DATE SPECIFIED ABOVE

PLEASE MAKE NECESSARY VENDOR
INFORMATION CORRECTIONS ON THIS FORM:

VENDOR INFORMATION

Return Quotation Request To:

Purchasing Division
K-Street Complex
440 S 8th St Ste 200
Lincoln NE 68508

Item Number / Description	Quantity	UM	Unit Price	Total Price
7656103 Snow Plows, Vehicle Mounted	3	EA	_____	_____

7 ft. 6 in. Snow Plow complete with installation
as per specifications on County's 1/2 ton work
trucks, including all manuals specified.

Mfg _____   Model _____
Warranty _____

Fund: 021 Agcy: 703 Obj: 4205

96246000000 Installation Services	2	EA	_____	_____

Removal of snow plow & hitch from two (2) 2001 GMC
1/2 ton pickups with Western Unimount plows & mountings
and install of three (3) 2004 Chevrolet 1/2 ton pickups
(to include any necessary mounting hardware & labor)

Warranty: _____

↓   VENDOR MUST COMPLETE THE FOLLOWING   ↓

The undersigned represents and warrants that he/she has full and complete authority to submit this quotation and to enter into a contract upon acceptance by the City/County. The undersigned agrees to comply with all conditions above and on reverse side of this document.

COMPANY NAME _____

ADDRESS _____

_____

TELEPHONE _____

EMPLOYER FEDERAL ID NO. OR
SOCIAL SECURITY NUMBER _____

BY (PRINT NAME) _____

SIGNATURE _____

TITLE _____

DATE _____

DELIVERY SCHEDULE _____

DAYS ARO